



1. Personal

THE MALDIVES NATIONAL UNIVERSITY

Malé, Republic of Maldives

Scholarship Application Form

You should submit the following items with this application form in sealed envelope.

- 1. Attested copies of all qualifications stated in paragraph 3 (you may attest your copies of qualifications from a government office where you work **OR** from Department of Public Examination)
- 2. Attested copies of transcripts for post-secondary qualifications
- 3. Curriculum Vitae (CV)

(WRITE CLEARLY IN BLOCK LETTERS, IN BLUE INK.)

Name							Sex	□ M □ F			
Permanent Addre											
Current Address						Tel:			(5	Recent PP photo)	
Date of Birth (D/N	M/Y)					Age		years	(1	Recent PP photo)	
Govt. Record Card	d No.		ID no.				•				
Marital Status	☐ SINGLE ☐ MARRI ☐ DIVOF	ED	Number of Children		Their ages						
2. Employmen	nt										
	Date Empl.	Post			Office					Tel:	
Present Employment											
First Empl. in Gov't											
3. Educationa	l Qualificat	ion									
				Tertiary &	Higher Educ	ation			Т		
Institute / Count	ry	Attainment	(Certificate/Di	iploma/Degr	ree received)		From	То	Funding Sch	neme	
											_
			In-countr	ry training o	currently be	ing unde	ertaken				
Institute		Programme	1			Level	Duration Started/		Funding Sch	neme	
4. Desired Cou	ırse										
Course name								Level			
											_
Allocated Office						Country	of Study				
Advertisement / I date	Notice ref. &					Scheme					

Post & Office Fron							
	m	То	Field of	work			
6. Service Bond Records							
Nature of Bond Bond				Date of Bond	Status		
(studies / training course / paid leave) Dura	Duration		Service	Completion	Completed/deferred/serving)		
				<u> </u>			
7. Other Applications to Scholarships in 2018							
7. C. T. Papineations to Scholarships in 2010				Funding	Date	Status: (selected**	
Course (including level) Office		Country		Scheme	Applied	pending/rejected)	
			*	* Applicant will be	disqualified	d if information is withheld	
8. Parent / Guardian / Spouse							
Name & Address of Responsible Parent OR	Gua	ardian <i>O</i>	R	Spouse		Tel:	
9. Applicant's Declaration							
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Signature of the Applicant:			quaimcat	ion. If my applica	ition is accep	oted, I undertake	
				Date:	ition is accep	oted, I undertake	
Please submit the completed form, with supporting documents	s,	Notes on Boi		Date:			
	s,	Notes on Bor	nd Requi	Date:	O/L	A/L	
Please submit the completed form, with supporting documents	s,		nd Requi leavers	Date:	O/L 3 years		
Please submit the completed form, with supporting documents in a sealed envelope addressed to:	s,	Notes on Bor	nd Requi leavers	Date:	O/L	A/L O/L bond plus I year	
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